

HOLLAND COUNTY COUNCIL

LINCOLNSHIRE.

ANNUAL REPORT

ON THE

County Health Services

PART 1.

REPORT

OF THE

School Medical Officer

BY

W. G. BOOTH,

M.D., D.P.H.,



1934



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SCHOOL MEDICAL SERVICE SUB-COMMITTEE, 1934.

Chairman :—

Councillor W. A. ATTON.

Ex-Officio :—

Ald. J. W. GLEED, M.A., D.L., J.P.

Ald. T. KITWOOD, J.P.

Ald. T. W. BANKS

Ald. R. COUPLAND

Ald. R. GLEED, D.L.

Ald. E. RICHARDSON

Coun. R. LEGGOTT

Coun. A. E. REEVES

Coun. T. WARWICK

Coun. E. WRISDALE

Mr. J. F. ALEXANDER

Mr. H. H. MORRIS

Rev. H. SPENDELOW

Miss E. M. MAPLES

Mrs. W. F. HOWARD

Miss E. A. SWAIN

STAFF OF SCHOOL MEDICAL SERVICE, 1934.

School Medical Officer :—

W. G. BOOTH, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers :—

N. J. ENGLAND, M.B., B.Ch., D.P.H. (Resigned Nov. 1934).

G. RAMAGE, B.Sc., M.D., M.R.C.S., L.R.C.P., D.P.H.

(Appointed November, 1934).

ESTHER ASHWORTH, M.B., B.Ch., D.P.H., D.T.M.

School Dental Officers :—

C. A. JOHNSTON, L.D.S. (Edin.) (Appointed Dec., 1933).

R. B. PICKLES, L.D.S. (Birmingham) (Resigned Aug., 1934).

A. D. HENDERSON, L.D.S. (Edin.) D.P.D.

Ophthalmic Surgeon (Part Time) :—

T. H. CRESSWELL, Esq., D.O. (Oxon.), M.R.C.S., L.R.C.P.

Aural Surgeon (Part Time) :—

J. J. RAINFORTH, Esq., F.R.C.S. (Eng.)

School Nurses :—

Miss BLACK

Miss WELLMAN (Resigned Aug., 1934)

Miss LEWIS

Miss PETHYBRIDGE (Resigned Aug., 1934)

Miss PARSONS

Miss POOLE (Appointed Aug., 1934)

Miss SPENCER

Miss RICHARDSON (Appointed May, 1934)

Miss ROBINSON

Dental Nurses :—

Miss SIMPSON

Miss TENNEY

Chief Clerk :—

W. INGRAM.

STATISTICS BEARING ON MEDICAL INSPECTION.

Area of County 267,936 acres.

Population of Administrative County (1931 Census) 92,313

Number of School Departments :—

Provided	...	...	...	...	47
Non-Provided	...	...	...	...	39
					—
					86

Number of Children on Books (31st December, 1934) approx.,
10,833.

Average Attendance, year ending 31st December, 1934,
9,823.

No. of School Attendance Officers on 31/12/1934 ... 6

Cost of School Medical Inspection for year ended
December 31st, 1934 :—

			£	s.	d.
Gross Payments	...	...	3896	7	11
Receipts	...	...	965	17	11
					—
Net Expenditure	...	...	£2930	10	0

Grant from Board of Education for year ending 31st
December, 1934 :— £1465 5 0

General Education Rate, 1933-34 (Elementary) 3s. 2d.

Medical Inspection Rate 1.9d. (approx.)

Product of 1d. Rate for Education Purposes for Financial
year 1933/34 £770 (approx).

Mr. Chairman, Ladies and Gentlemen,

The year 1934 has been one of development. A milk scheme has been inaugurated, an orthopaedic scheme has been formulated and will soon be in operation, first aid classes have been organised for the teachers, and a big push has been made throughout the county in propaganda for dental treatment for school children. All these matters are dealt with in some detail in the body of the report, and I am sure will give rise to satisfaction in the course of their fulfilment.

I regret the continual changing of your staff, which is a constant source of hindrance to normal progress. Whilst the salaries are below those of other counties and there is no superannuation scheme in operation I am afraid that this constant interference with our routine will continue.

May I take this opportunity of expressing my gratitude to the Committee for their support and my appreciation of the splendid work of the staff.

I am, Ladies and Gentlemen,

Your obedient servant,

W. G .BOOTH.

Health Department,
County Hall,
Boston.

April, 1935.

REPORT FOR 1934.

I.—Staff.

In November, 1934 Dr. N. J. England, Assistant School Medical Officer, resigned, and Dr. G. Ramage was appointed to fill the vacancy.

In August, 1934, Mr. R. B. Pickles, School Dentist, resigned, and Mr. A. D. Henderson was appointed in his place.

In May, 1934, Miss B. E. Wellman resigned, and Miss E. M. Richardson was appointed.

In August, 1934, Miss Pethybridge resigned and Miss Poole was appointed.

II.—Co-ordination.

The School Medical Officer is also County Medical Officer of Health and Medical Officer to the Public Assistance Committee.

The School Nurses give only part of their time, and, in their capacity as Health Visitors, visit and report periodically on all children from birth to five years of age.

The Assistant School Medical Officers are also Tuberculosis Officers.

III.—School Hygiene.

The installation of water closets at a certain number of schools each year in a methodical manner is a businesslike and efficient piece of work upon which the Committee will have cause in the course of a few years to congratulate itself.

The appointment of a County Architect will no doubt be an economy and will certainly result in an easy and effective co-ordination of departmental working.

The Medical Officers report in detail upon the sanitary conditions of all schools at each routine inspection, and all defects found, together with suggested remedies, are brought to the notice of the persons responsible.

The use of floor cleaning preparations is becoming more prevalent in the county, and is a practice to be highly commended.

School
Cleaning

Improvements

SCHOOL.	WORK DONE.
Amber Hill	Central heating system installed Sanitary arrangements improved.
Donington Cowley's Endowed	Radiators installed to improve heating.
Gedney Church End Council ...	Floors replaced throughout school.
Gosberton Council	Extension of central heating system.
Gosberton Clough & Risegate ...	Water closets installed.
Holbeach C. of E. (Girls) ...	Remainder of playground asphalted.
Kirton Holme Council	Replacement of sanitary conveniences by water closets.
Long Sutton Senr. (mixed) ...	Main water supply provided.
Long Sutton Infants	Enlargement of window to improve lighting in main room.
Moulton Chapel	Replacement of vaults by range of water closets.
Moulton Village	New central heating system and electric lighting installed.
Old Leake Church End	New central heating system installed.
Quadring Fen	Bathroom provided in Teacher's house.
Spalding Council Senior	Additional entrances to classroom provided.
Sutton Bridge Senr. (mixed) ...	Electric light installed.
Sutton Bridge Infants	Electric light installed.

I am indebted to the Director of Education for the following figures, which show the numbers of modern desks and kindergarten furniture which have been supplied to Elementary Schools in the County during the past eight years :—

Year	New Desks	Kindergarten	
		Tables	Chairs
1927	90	40	40
1928	61	52	104
1929	125	Nil.	Nil.
1930	336	Nil.	6
1931	270	Nil.	Nil.
1932	171	Nil.	Nil.
1933	274	Nil.	6
1934	315	Nil.	12

IV.—Medical Inspection.

As in previous years, the following groups of children were examined :

- (a) All children within 12 months of their entry into school ;
- (b) All children within 12 months of attaining their eighth birthday ;
- (c) All children within 12 months of attaining their twelfth birthday.

These are routine groups, and, in addition, special cases submitted by parents or teachers were examined, irrespective of age, together with all children found to be suffering from defects at the previous inspection or who were absent from such inspection.

Dull and backward children and those suspected of mental defect are submitted to a special examination.

All schools in the County, both Urban and Rural, were visited twice during the year by the Medical Officers.

One hundred and eleven special visits were also paid in connection with outbreaks of infectious disease, sanitary defects, etc.

The figures for specials and re-examinations are also shown in Table I., on page 28.

V.—Findings of Medical Inspection.

The number of children found to be suffering from malnutrition was 12, a decrease as compared with the previous year.

One of the Assistant County Medical Officers (Dr. N. J. England), has continued his research work among the school children in the County, and reports as follows on the nutrition of school children whose parents received relief during the last twelve months :—

These children were seen at routine inspections of the Schools in the North Holland area in the first eight months of 1934. A total of 77 children were seen. They were assessed for their condition by ordinary medical inspection and in addition their height and weight was recorded. As standards for weight at units of height have already been prepared for the County, and the Standard Deviation for these weights established, it was thought that this latter would be a useful figure to use as a standard. The ratio of weight to height is a sensitive index. Alteration of height is not so likely to occur except from chronic ill feeding ; but loss of weight will be shown fairly quickly if feeding is below normal, or health is affected by intercurrent illness.

Those children whose weight fell below the mean weight for their height were grouped according as they fell below the mean, but not the Standard Deviation ; or below the Standard Deviation, but less than twice the Standard Deviation.

The results were :—

No.	Subnormal by visual inspection	Medical defect noted	Below mean but less than S.D.	Below S.D. but less than twice S.D.
77	11	4	26	1

It will be noted that although visual inspection detected only 11 children as subnormal ; 27 children were found to be below the mean weight for their height. The medical defects noted were bronchitis in 3 cases and tuberculosis (bony) in one case.

If 100 children are selected at random one would expect 25 of these to be below the mean weight for their height, but not to be below the Standard deviation. In this case 26 were found in 77, or in other words 35 in 100. The probable error for 25 in 100 is 2.89 and for 35 in 100 is 3.67.

The probable error of the difference (10) is 4.68. The ratio of the difference to the probable error is 2.2. One would expect this difference to occur, therefore, 14 times in a thousand trials (or 1.4 times in 100). The chance that this is due to error is therefore fairly small.

As many of these children had been in receipt of relief for only a short period, the reason for their being subnormal in nutrition must either be due to their being on the border line of poverty, or due to lack of parental care from mismanagement of income. The necessity for a strict supervision of relief in the case of school children thus seems most important. As only four children showed obvious medical reasons for their subnormal state, the resistance of the children to disease must be fairly high, but this can be no excuse for allowing underfeeding to occur. Only one child was found in the group below the Standard Deviation, but less than twice the Standard Deviation (up to 11 might have been found). This is less than the number expected and is a favourable comment on the condition of the children.

It shows that there is no serious malnutrition. The probable reason is, that in this area potatoes are one of the chief articles of food. This tends to create a fat child and so overcome any tendency to disproportion in the W/H ratio. This, however, does not alter the main assertion that there is evidence of some malnutrition. Protein is a dear food, and yet very essential to the growing child, providing for tissue repair and growth. Excess of carbohydrates in the diet tends to create a flabby child prone to cattarrhal infection.

It is interesting to note that of the remaining children inspected at the schools, a total of 1781, only 13 were recorded as subnormal by visual inspection, seven of these showing medical defect. Again there is seen to be a big difference between those on the border line of poverty and those rather better off ; medical defects here being a more frequent cause of malnutrition than in the former case.

NO. OF MEDICAL DEFECTS.

	Visual Inspection Sub-normal	Defects Ncted
Public Assistance ...	11	4
Normal	13	7

These numbers are small and it would be unwise to attach too much significance to them.

V.—Tonsils and Adenoids.

Tonsils and
Adenoids.

Enlargement of the tonsils only was found in 323 cases, but of these only 19 (6%) required operative treatment.

Nineteen children were found to be suffering from adenoid growths and three of these required treatment.

There were 202 cases where both enlarged tonsils and adenoid growths were present, and of the total number 46% needed operative treatment.

Tuberculosis

There were 4 children whose condition was such as to warrant further investigation, and all these cases were referred to the Tuberculosis Dispensaries for supervision and provision of extra nourishment where considered necessary.

External Eye
Disease.

Conjunctivitis and/or blepharitis was discovered in 54 children, 41 of whom were recommended for treatment.

In many cases of minor ailments the parents are unable, owing to financial circumstances, to consult a doctor. Consequently, treatment is frequently undertaken by the School Nurses, with very satisfactory results,

Defective vision and squint

One hundred and thirty-three children were found to be suffering from visual defects of such a nature as to require examination by an ophthalmic surgeon, and they were consequently referred for the necessary treatment. One hundred and fifty-three children whose visual defect was very slight are being kept under observation in order to ascertain whether the defect is of a progressive nature or not.

There were 35 children found to be suffering from squint, and all of these were referred for special treatment.

The practice of placing a plus 1 sphere before the reading eye, as advised by the Report of the Committee of Enquiry into Problems connected with Defective Vision in School Children, is still carried out by the School Medical Officers.

Defective hearing and Ear Disease.

These conditions were found in 72 cases, and, of this number, 40 were sufficiently serious as to require treatment, and were consequently referred for the same.

VI.—Infectious Diseases.

In only two instances was school closure necessary, viz :

School.	Disease.	By whom closed.	From	To
Fishtoft	Scarlet Fever	S.M.O. ..	24th April (for disinfection of school)	25th April
Tydd Infants ..	Chicken Pox and Measles	S.M.O. ..	16th May..	28th May

Forty-nine certificates were given because attendance at schools had fallen below 60 per cent. owing to the prevalence of infectious diseases as follows :—Measles (24), Whooping Cough (8), Chicken Pox (5), Scarlet Fever (1), Influenza (4), Measles and Chicken Pox (2), Whooping Cough and Influenza (5).

Bacteriological work

Ten swabs from throats and /or noses of contacts and suspicious cases were examined in the County Laboratory, also 1 specimen of hair for ringworm. Bacteriological examination of 5 samples of water was carried out.

Our policy of immunising at every school at which a case of Diphtheria occurs has been continued with the same success. We have not had another case of Diphtheria occur at any school at which this has been done. Whilst throughout the country the figures for Diphtheria incidence have been steadily mounting with outbreaks of the utmost severity in many parts of the Midlands, we have had less Diphtheria in the county as a whole than we have had for over 20 years.

Our procedure is similar to that of previous years, and the only modification is that we have now completely abandoned Schick testing except for research and statistical purposes. In 2 hours a whole school can be given 1 c.c. of T.A.F. with very little organisation. To Schick Test means 2 days and a delay of a week before the Schick Positives, which in this area are about 80%, receive their first immunising dose. Delay in immunisation when a case of Diphtheria has occurred in a school is in my view inexcusable. To wait for the spark to become a flame before attempting to stamp it out is surely folly, and every day that is lost is weighing against one's chances of dealing with an epidemic should it occur.

Immunisation was carried out at the following schools with the percentage of acceptances given :—

Long Sutton Junior	...	...	...	92%
Long Sutton Senior	...	...	...	80%
Moulton Sea's End	...	...	...	93%
Cowbit	...	...	...	98%
Spalding Council	...	...	...	74%
Holbeach Council	...	...	...	75%
Shiphay Stow	...	...	...	54%

In all 973 acceptances were received for immunisation. At one school Schick Testing was carried out in order to estimate the rapidity of response to T.A.F. It was found that 60% of the children were negative by the 17th day, but that after another 20 days only 17% more were negative, this after 1 c.c. of T.A.F. A further 1 c.c. was given to those still positive. If, however, a 60% immunity can be secured in about 2 weeks by 1 c.c. of T.A.F. without reactions of any kind, it certainly gives one food for serious thought regarding the advisability of omitting Schick Testing and proceeding immediately to immunisation. A 60% immunity

is adequate to prevent epidemics ; can we ask more in the present state of our knowledge regarding immunisation ? The odd case will continue to occur however many apparent Schick Negatives we get. The soil of an epidemic is the mass and it is unlikely that we shall ever secure complete protection for every individual. The value of immunisation has been proved to the hilt, it now only remains to utilize our knowledge to the best advantage.

As a County Council we have no legal power to undertake immunization in schools, and we have therefore secured from each of the Local Sanitary Authorities in our area their consent to our undertaking the work at their expense. As School Medical Officer, I am empowered to undertake this work at my discretion by the Local Sanitary Authorities. I should like to express my appreciation of the attitude of these authorities in co-operating with the County Council in this way ; it would be quite impracticable to deal with the matter without such co-operation.

Certain areas in England are at the present time being attacked by a most virulent type of diphtheria in which death may occur within 24 to 48 hours, and there is little doubt that diphtheria has changed in severity in recent years for the worse, just as smallpox and scarlet fever have changed for the better. This change in the type of disease, which occurs in cycles, makes the work of the public health officer one of extreme complexity. The measures that we advocate to-day may need readjustment to-morrow to meet the new conditions. Our assurances regarding prevention may be entirely justified at present, but in a few years may be inadequate. It is for this reason that I personally favour the abolition of compulsory vaccination as at present administered, and that I advocate immunisation to the limit of our capacity.

At present we have the control of Diphtheria in our area completely in hand, but no guarantee can be given that the grave type of Diphtheria will not come to our County. If it should come then it is inevitable that in spite of all our efforts some serious consequences will result. These consequences may not be capable of complete avoidance, but they are capable of being very considerably minimised by immunisation. Even with the grave type of Diphtheria, what would have been certain death can be converted into a mild illness if parents continue to co-operate with us in the prevention

of this disease. Diphtheria immunisation has been very active in our county now for 2 years, and 2,000 persons have been immunised. This work has completely justified itself and I must stress once more that the injections are painless, harmless, that no reactions of any sort occur, and that the responsibility for securing protection of their children against Diphtheria is a matter for the conscience of every parent. The County Council has done all that it can to prevent this foul disease in its area.

VII.—Following Up.

Visits. Visits to the number of 6,437 were paid to children suffering from defects found at routine inspections or by the School Nurses.

The Nurses also made 36,979 examinations and 492 visits to houses for the detection and prevention of uncleanness. The average number of visits per school in connection with this service was 6.

Clinics, etc. VIII.—Medical Treatment.

The following table shows the cases treated by the nurses at Clinics and Schools in the area. These figures also include a few cases treated at home.

Number of cases				Number remedied.
Scabies	...	...	14	14
Impetigo	...	...	168	153
Ringworm	...	...	10	9
Other skin diseases			105	88
Blepharitis, styas				
etc.	...	...	112	101
Otorrhoea, etc.	...		24	16
Minor Injuries,				
Sores, Boils, etc.			210	199

Note :—In addition, 213 children suffering from debility, defective vision, etc., were examined and referred for appropriate treatment.

School Clinic,
Spalding.

This Clinic is situated at the rear of the Education Offices at Spalding, and is open on Tuesday and Saturday mornings each week. Much use is made of this Clinic by teachers in the town, and minor ailments are dealt with expeditiously. During the year 422 children were seen the number of attendances being 582. The clinic is also used by the School Dentist as a treatment centre for the Spalding Schools.

School Clinic,
Donington.

This Clinic was open throughout the year, and during that time 169 children were treated, making in all 310 attendances.

Vision.

The treatment for visual defects is provided by the Committee by means of clinics held at Boston and Spalding. Twenty-five (25) clinics were held during the year, twelve (12) at Boston and thirteen (13) at Spalding.

Eight hundred and thirty-eight attendances were made at these Clinics by 404 children and, in 251 cases, glasses were prescribed. In a number of cases the spectacles being worn were satisfactory and no change of lenses was required. Frame repairs and replacements have been carried out through the department in 78 cases. These figures include the attendances of scholars from Secondary Schools.

The spectacles provided were paid for by the parents in 206 cases. In 19 cases the cost was remitted wholly or in part by the Committee, and 10 cases were standing over at the end of the year.

Proceedings were taken in the County Court in 8 cases for the recovery of the cost of spectacles.

Mr. Cresswell reports upon his work as Ophthalmic Surgeon to the Committee as follows :—

“ Four hundred and eight cases have been seen during the year 1934. These may be classed as follows :—

Hypermetropia and Hypermetropic Astigmatism	113
Myopia and Myopic Astigmatism	90
Mixed Astigmatism	38
Convergent Squint	104
Divergent Squint	6
Ptosis	1
Corneal Scarring	5
Albinism	1
Phyctenular Disease	2
Cataract	2
Interstitial Keratitis	2
Nystagmus	2
Blepharitis	2
Retinitis Pigmentosa	1
Prolapsed Iris, due to injury	1
Ophthalmoplegia (partial)	1

Of the total number of cases seen (408), thirty-seven would not accept lenses or were deemed able to get on well without them.

Ten operations were carried out. These were, for the most part for Squint, and it is considered that the results have been satisfactory. These were chiefly carried out for the cosmetic cure."

Tuberculosis.

Two hundred and eighty-six (286) visits were paid by school children to the Dispensaries at Boston, Spalding, and Donington. Six children received treatment at out-County Sanatoria, three being pulmonary and three non-pulmonary cases, whilst twenty-two cases were admitted to the Holland Sanatorium.

Tonsils and Adenoids

During 1934, operative treatment for enlarged tonsils and/or adenoids was carried out at Boston, Spalding, Kings Lynn, and Peterborough, as part of the Committee's scheme. The arrangements work very smoothly.

This scheme provides for children remaining in hospital for one or more nights after the operation, at the discretion of the operating surgeon. On their return home children are kept under the direct supervision of the School Nurses, who advise parents as occasion may require. In order to ensure that the operation has been successfully performed, an examination is finally made by one of the Medical Officers.

Children to the number of 160 received operative treatment under the Committee's scheme. Seventeen children also received treatment other than under the Committee's scheme.

Prevention
of Deafness.

Whilst the arrangements for the treatment of tonsils and adenoid cases have been one of the most successful of the Education Committee's schemes, there has always been a certain feeling of inadequacy amongst the medical officers. The nose and throat are very intimately connected with the ears, and any infections in the nose and throat might easily be the cause of disturbing sequelae in the ears. Work upon the nose and throat is to a large degree special in character and is mainly undertaken by specialists in ear, nose and throat work. In the past it has been the practice of the school medical officers to refer any cases of ear disease or defective hearing to the patient's own doctor for treatment. Some of these cases being in their turn referred to a specialist, some not being taken to their own doctor at all, and others being cured.

It was considered advisable by the Board of Education and the Ministry of Health, as a result of the findings of the Eicholz report, to take steps to prevent deafness at the earliest possible period of the child's life, and every authority was requested to take steps to effect this policy. In Holland steps have been taken, and it is now the custom for the School Medical Officer to refer any case of defective hearing or ear disease to the Education Committee's consultant for Ear, Nose and Throat work. In this way every case is seen by Mr. Rainforth, F.R.C.S., at his rooms, examined, and the parents advised regarding any treatment needed. This at no cost at all to the parent. In the event of the child needing in-patient treatment in a hospital, the cost of the child's operation and maintenance are borne by the Education Committee, and a small contribution is required from the parents according to their means. There is little doubt that this step will mean a reduction in the number of deaf persons in the future, and it is interesting to note that even in the first year of the scheme's working it has been the means of 25 school children receiving specialist advice for ear troubles. This is an extremely valuable step forward in preventive medicine, and one which will repay its cost amply in future.

Dental Defects

It is very gratifying to record an increase of acceptances of dental treatment during the year 1934. We have had an acceptance rate of approximately 40% as compared with 32% last year. This is a satisfactory return for the efforts that have been made to increase the number of acceptances.

The dental surgeons devoted $46\frac{1}{2}$ sessions to inspection and 587 sessions to treatment during the year. At the inspections 6588 children were examined, of whom 5,706 (86%) were found to require treatment. Of these latter 2,370 (42%) actually received treatment (see pages 36 and 37).

A general anaesthetic was deemed necessary in the treatment of 148 children (all in the southern part of the County), and in each case the anaesthetic was administered by one of the Assistant School Medical Officers.

During the year 1,028 Toothbrushes were sold (at 3d. each), as also were 1,545 tins toothpaste (at 1d. each) and 6,441 refills of toothpaste (at 3 a 1d.).

The sum of £91/16/0 was received as payment for treatment given.

The following are the reports of the two School Dentists on the work in their areas :—

Mr. Henderson reports on the work in the north of the county as follows :—

“ I have much pleasure in presenting my report on the School Dental Service in the north of the County.

During the year, 2,580 children have been inspected and 2,148 referred for treatment. The acceptance rate is, unfortunately, rather low and only shows a slight increase on last year, but several new methods have been introduced in an attempt to raise it, and I feel confident that, by the end of another year, a much more satisfactory state of affairs will prevail. While in the past attempts have been made to educate the children in Oral Hygiene and dental matters generally, by means of lectures and exhibits provided by the Dental Board, no appreciable rise in the acceptance rate has

resulted. This, I feel, is due to two causes—(1) Up to now, we have, through a lack of knowledge of the precise nature and etiology of dental caries, been concentrating too much on educating the children and have not devoted sufficient attention to the parents in general, and to young and expectant mothers in particular. (2) The Dental Board lecturers are too impersonal and cannot get close enough to the parents with the result that the parents are rather diffident and shy of asking questions on points that require fuller explanation.

I have attempted to remedy this by formulating a special lecture illustrated by lantern slides which embodies the results of the most recent dental researches. This lecture is not given publicly by the dental officers as it has little or no popular appeal, but through the co-operation of Mothers' Unions, Women's Institutes and similar Institutions, who have incorporated this lecture in their winter's programme, we have been able to reach many mothers who feel it their duty to attend lectures of their own societies. Several such lectures have been given and at least 600 to 700 parents have attended. Having thus explained the situation to the parents, aroused their interest, and in many cases gained their confidence and support, it now remains for these parents to disseminate their knowledge as widely as possible and for us to fulfil in practice the ideals we have set in our lectures. By carrying out the work, where necessary, under local, regional and general anaesthesia, and by employing the most modern and efficient anaesthetics and materials, I am attempting to make the children's visits to the clinics, if not pleasant at least painless. It is interesting to note that while no cases were dealt with under general anaesthetic last year, 43 cases have been treated under this method between the commencement of this campaign in October and the end of the year.

In order that those children, who have shown their appreciation of the service and facilities offered them by attending regularly, may have our fullest attention, we propose to devote more time to them by eliminating from future inspections, those children who have refused treatment on three or more successive occasions. We would point out, however, that any such child making application for treatment, may have it in the usual manner. That such action is justified is demonstrated conclusively by the fact that Sir

George Newman supports it in his annual report and that it is advocated in the British Dental Journal of March 15th, 1935 in the following extract " There is no question that the present limited staffs of dental officers might often be employed to greater advantage than in repeated examinations and chartings that have no beneficial results The warning that this course would be adopted is likely to have an appreciable effect, and many more school dental officers would no doubt be well advised to urge the desirability of similar action in their own areas."

Those parents who have inquired about orthodontic treatment and appliances will be pleased to learn that several schemes are at the moment under consideration, and that some definite routine will probably be adopted in the near future.

In conclusion I should like to thank the dental nurse, the school teachers and all others whose co-operation has facilitated the maintenance of an efficient scheme in this area."

Mr. Johnston reports on the work in the south of the County as follows :—

" The year ending 31st December, 1934, marks the completion of my first circuit of the schools in the south of the County.

Treatment generally has been carried out on similar lines to last year. The number of children inspected was 4,008 and of these 3,558 or 88 per cent. were referred for treatment. The time devoted to inspections was $28\frac{1}{2}$ sessions and to treatment 395 sessions. The number of fillings inserted was 2,271, and extractions totalled 2,230.

The number of permanent extractions performed during the year was 281. Although this number is not high in proportion to fillings, I find that the majority of these were done in the mouths of children whose parents had persistently refused the offer of treatment in preceding years, when those teeth would have yielded to satisfactory conservative treatment. This seems to indicate that there is no real objection on the part of these parents to radical treatment, but a definite opposition to any attempt at conservative work.

The problem of the low percentage of acceptances of treatment is still giving cause for great concern, and more extensive propaganda work has been undertaken this year in an endeavour to increase the acceptances. A representative of the Dental Board gave a series of talks and demonstrations at several schools in the area, and in addition, evening lectures illustrated by lantern slides have been given to a number of parents' organisations.

Oral hygiene, unfortunately, is seldom enforced in the home, and while efforts are made to inculcate the habit of oral cleanliness in the minds of the children, they are obviously of little use unless the parents make every endeavour to see that the instructions given are carried out in the home. The teachers can also give yeoman service by impressing upon the scholars under their daily care the supreme importance of clean teeth. There is no doubt the best results are obtained in the schools where the teachers recognize the importance of dental health.

A general anaesthetic for extraction was found to be necessary in 103 cases of acute sepsis, and on each occasion it was administered by Dr. Ashworth.

I take this opportunity of expressing my thanks to Miss Tenny for her valuable assistance to the Medical Staff, and to the head teachers and staffs of the various schools for their valuable co-operation."

IX.—Open-air Education.

There are no open-air schools in the area, but in many schools lessons are given in the playgrounds during the summer months.

X.—Physical Training.

There are no developments to report under this heading.

XI.—Provision of Meals.

Sections 82—85 of the Education Act, 1921, are not administered,

Milk Scheme.

By the provisions of the Milk Act, 1934, a grant was made by the Government to allow milk to be supplied to school children for $\frac{1}{2}$ d. per $\frac{1}{3}$ rd of a pint, instead of 1d. It is as well to realise that this was done in order to overcome the problem of surplus milk in the country. Fortunately as a result of representations by members of the Public Health Service, a clause was inserted into the scheme by which grant could only be claimed by the producer when the source of supply was approved by the local Medical Officer of Health. This clause being insisted upon is the only safeguard the children could have against milks of low standard, which might be both dirty and dangerous.

This difficulty was not encountered in the towns where the greater part of the milk is pasteurised, but mainly in the country areas where pasteurising plants are a rarity. In view of the need for a standard to which producers could reasonably be expected to conform, I set the following standards of cleanliness :—(1) Pasteurised and (2) equivalent to that of Grade “ A ” milk, and asked for a certificate at intervals of six months signed by a Veterinary Surgeon that the cows had been subjected to a tuberculin test and from the producer a certificate to the effect that only milk from the negative reactors was being supplied to the school children. On first reading these conditions it might be thought that they were placing a standard outside the range of the average producer’s potentialities, but the resulting response has been most satisfactory.

We have at present 25 schools receiving milk under the School Scheme, and 11 producers who are carrying out the conditions asked for by me.

In this way we are not only supplying the school children with a highly nutritious food of satisfactory standard at a very small cost, but we are also raising the standard of milk production throughout the county. Had the scheme insisted upon either pasteurized or Grade “ A ” (T.T.) or Certified Milk being supplied to all school children throughout the country, I am certain that a tremendous advance could have been made in a comparatively short space of time in raising the standards throughout the whole of the Country. We already have one Grade “ A ” (T.T.) producer supplying in the schools, and we are educating the producers up to a similar standard

throughout this county with very little effort. In view of the "Accredited Scheme" which is to come into force on the 1st May, 1935, it will be interesting to see the future development of the school milk schemes.

Apart from these arrangements, hot drinks such as malted milk or cocoa are supplied at most of the schools. There is, however, in my opinion, still a need for the provision of mid-day hot meals in some schools where a large number of children have to remain for the mid-day interval.

XII.—School Baths.

There are no school baths in the area.

During the year a swimming bath has been opened at Spalding. This is an open air pool managed by a private company. The Education Committee decided to make arrangements for school children to make use of the baths for swimming instruction, providing the reports on the bacteriological content of the water were found to be satisfactory by the School Medical Officer. Several samples were taken and found to be satisfactory and there is no doubt that the Education Committee's arrangements will be in full working order during next year (1935). I cannot speak too highly of the value to be derived by the school children of Spalding from this provision, and I am only sorry that there are not other areas where a similar provision can be secured.

It is, however, a great pleasure for me to report that as a result of the remarks made in my last report to you, both West Pinchbeck and Crowland schools have the possibility in view of establishing bathing pools in their neighbourhood.

XIII.—Co-operation of Parents, Teachers, School Attendance Officers, and Voluntary Bodies.

At the routine inspections 2,087 parents were present, this being 25 per cent. of the total number of examinations made.

Teachers. The Teachers, for the most part, continue to co-operate sympathetically in the work of the department, and I am pleased to record my thanks for their assistance.

School Attendance Officers. These officers assist in many ways but particularly in bringing to the notice of the Medical Officers exceptional children who are not attending school.

Voluntary Bodies. My references in previous reports to the excellent results obtained by the Inspector of the N.S.P.C.C. in difficult cases referred to the Society by the School Medical Officers still hold good. The Inspector's tact has been instrumental in securing many acceptances of treatment which the parents had previously refused to give, and the children have in this way been enabled to secure the advantages of the treatment provided by the Education Committee. The work of the Society plays a very important part in the School Medical Service Scheme.

During the year 43 cases were referred to the Society, with the result that treatment was obtained or conditions materially improved in most cases.

Cases referred to the N.S.P.C.C.	Uncleanliness of head and/or body						8
	Enlarged tonsils and/or adenoids						2
	Dental caries	...	...	...	...	...	3
	Defective vision	...	...	...	...	...	7
	Neglect	...	...	...	...	...	2
	Orthopaedic cases	...	...	...	...	...	9
	Other	...	...	...	...	...	12

Blind Children There are ten totally blind children, seven of whom are attending special schools and others are being dealt with during 1935. There are also three partially blind children attending public elementary schools and four other children not attending any school.

Deaf Children (including Dumb) Fourteen (14) children come within this category, and of these two (2) are attending certified schools.

Mentally Defective Children Sixty-one mentally defective children are attending elementary schools in the area. Special arrangements should certainly be made for the education of some of these children.

One mentally defective child (ineducable) was referred to the Mental Deficiency Acts Committee.

XVIII.—Health Education.

During the year the Dental Board supplied a Lecturer who visited the following schools and gave talks and demonstrations on dental hygiene to the senior children :—

Swineshead Cowley's	Boston Grammar
Donington Cowley's	Spalding Grammar
Fishtoft	Boston High School
Butterwick Girls'	Boston Staniland Senior
Benington	Boston St. Thomas'
Leverton	Boston Tower Road
Algarkirk	Boston National C. of E.
Surfleet	Boston Carlton Road
Gosberton Council	Boston Park Senior
Old Leake Church End	Boston St. Nicholas'
Old Leake Commonsides	Deeping St. Nicholas M.T.
Wrangle Council	Cowbit C. of E.
Crowland Senior	Spalding Parish Church Day
Moulton Village	Spalding St. John Baptist
Moulton Chapel	Sutton St. James'
Whaplode C. of E.	Tydd Senior
Holbeach Girls'	Sutton St. Nicholas
Holbeach St. Luke's	Gedney Church End
Moulton Sea's End	Pinchbeck West.
Spalding Council Senior	

In addition to the visits to the Schools, special lectures for parents were given at Boston and Spalding.

XIX.—First Aid at Schools.

Early in the year enquiry was made regarding the first aid arrangements at the schools in the County. In 1925, the provision of dressings had been left to the discretion of the Managers of the schools, and it was felt that the whole matter might now well be reviewed. Upon enquiry it was found that out of 86 schools in the County, there were 46 that had no outfit of any kind, whilst 16 had only a few dressings.

The provision of dressing or first aid equipment is of small value if there is no one available with the requisite knowledge to use them. Enquiries were therefore made regarding this point, and it was found that at only 29 schools was there a teacher on the staff with a first aid certificate. These points were brought before the Education Committee, and a circular letter was sent to all head teachers requesting them to apply forthwith to the Managers of their respective schools for the provision of such first aid requisites as were necessary. A

schedule was prepared by me giving particulars of articles which should be procured, and notes were given regarding the use of the articles in the schedule. In addition a copy of "First Aid to the Injured" (the text book of the St. John Ambulance Association) was provided to each school in the area.

Following upon this action I took up the question of first aid classes for teachers in the area, and the St. John Ambulance Brigade willingly co-operated with me. The question of cost was a difficult one, but eventually it was decided to make a charge of 6/- for the course of 6 lectures. It was realised that the cost to the teachers did not end at that point as in many cases it would involve travelling expenses of one or two shillings at each lecture. However Mr. G. A. Enderby, of Boston, and Capt. G. B. Armstrong, of Spalding, went forward with the organisation of the lectures at Boston, Spalding and Holbeach. The response was very poor, only about 30% of those who had expressed a willingness to attend the lectures actually did so. No doubt there were many factors operating to cause such a low percentage of acceptance, but to those who did attend one must extend congratulations upon a public spirited action which involved a sacrificing of their time and put them to expense.

With the great increase in road accidents, and the daring spirits of the healthy child liable to lead to many minor accidents during school time, the possession of some first aid knowledge by a member of a school staff would seem almost imperative.

As a result of these lectures it seems possible that these first aid classes may be undertaken as a County Council technical class in the future. If this could be done it would mean that these facilities would be open to any interested persons in the County, and no special arrangements would be necessary for teachers. Nothing but good is likely to result from any such arrangements and those pioneers who have contributed to the establishment of the first aid classes this year will have the satisfaction of knowing that they have been responsible for these further developments of this splendid work.

XX.—Secondary Schools.

There are six Secondary Schools in the County and facilities for medical inspection and treatment to a limited extent is provided by the Education Committee in all these schools. The list is as follows :—

Boston High School (girls)	}	Provided by the Authority.
Spalding High School (girls)		
Donington Grammar School (boys and girls)	}	Aided by the Authority.
Boston Grammar School (boys)		
Spalding Grammar School (boys)		
Moulton Grammar School (boys)		

Medical Inspections.

Medical inspections are held termly and apply to all pupils irrespective of whether they are fee-paying or not. Each pupil has a full medical inspection at the age of twelve and fifteen and any defects found are reported in writing to the parents. Whilst the regulations of the Board of Education require that all secondary school pupils shall be examined each year, this is not practicable here owing to the lack of sufficient staff.

Following up

There are no arrangements for the following up of cases by the School Nurses.

Medical Treatment.

Dental and ophthalmic treatment, also operative treatment for enlarged tonsils and/or adenoids are available on the recommendation of the Head Masters and Mistresses for pupils holding scholarships or free places.

Tables on pages 38—42 show the amount of work done during the year.

TABLE 1.

Return of Medical Inspections.

ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

					Total No. Inspected	Grand Total
Entrants	...	...	...	...	1207	
Second Age Group	...	...	...	...	1173	
Third Age Group	...	...	...	...	1146	
					—	3526

B.—OTHER INSPECTIONS.

Special Inspections	...	...	...	...	330	
Re-inspections	...	...	...	...	4453	
					—	4783
						—
						8309
						—

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.						Routine Inspections		Special Inspections	
						No. of Defects		No. of Defects	
						Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
	Malnutrition					12	19	1	1
Skin	Ringworm :								
	Scalp					—	—	—	1
	Body					2	—	1	—
	Scabies					1	2	3	1
	Impetigo					21	2	16	—
	Other Diseases (Non-Tuberculous) ..					29	28	2	—
Eye	Blepharitis					33	12	2	—
	Conjunctivitis					2	1	4	—
	Keratitis					—	—	—	—
	Corneal Opacities					1	—	—	—
	Defective Vision (excluding squint) ..					71	153	62	—
	Squint					34	35	1	—
	Other Conditions					8	6	—	—
Ear	Defective Hearing					19	14	4	—
	Otitis Media					8	15	1	—
	Other Ear Diseases					4	3	4	—
Nose and Throat	Chronic Tonsillitis only					15	304	4	—
	Adenoids only					7	11	1	—
	Chronic Tonsillitis and Adenoids ..					47	108	47	—
	Other Conditions					4	9	—	—
	Enlarged Cervical Glands								
	Non-Tuberculous					2	110	1	12
	Defective Speech					1	20	—	—
Heart and Circulation	Heart Disease :								
	Organic					—	10	—	—
	Functional					—	4	—	—
	Anaemia					5	3	3	—
Lungs	Bronchitis					16	49	—	—
	Other Non-Tuberculous Diseases ..					1	3	5	—

TABLE II.—Continued.

Tuber- culosis	{	Pulmonary, Definite	..	..	..	—	—	—	—
		Suspected	..	..	..	2	4	—	2
		Non-Pulmonary:							
		Glands	..	..	..	—	1	1	—
		Bones and Joints	..	..	..	—	1	1	1
		Skin	..	..	..	—	—	—	—
		Other Forms	..	..	..	—	2	—	—
Ner- vous System	{	Epilepsy	..	..	..	2	1	—	—
		Chorea	..	..	..	2	2	—	—
		Other Conditions	..	..	..	1	3	1	—
Deform- ities	{	Rickets	..	..	..	9	7	1	—
		Spinal Curvature	..	..	..	8	51	—	—
		Other Forms	..	..	..	8	33	5	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)						26	50	62	36

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT
ROUTINE MEDICAL INSPECTION TO REQUIRE
TREATMENT.

(EXCLUDING UNCLEANLINESS AND
DENTAL DISEASES).

Group.	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
PRESCRIBED GROUPS :			
Entrants	1207	156	13
Second Age Group	1173	141	12
Third Age Group	1146	102	9
Total (Prescribed Groups)	3526	399	11
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.**CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Mental Defect and Epilepsy	...	...	2
Mental Defect and Cripple	...	...	1
			—
			3
			—

BLIND CHILDREN.

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institution	At no School or Institution	Total
7	1	—	2	10

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind	At Certified Schools for the Partially Sighted	At Public Elementary Schools	At Other Institu- tions	At no School or Institu- tion	Total
—	—	3	—	4	7

DEAF CHILDREN.

At Certified Schools for the Deaf	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
2	2	—	—	4

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At Other Institu- tions	At no School or Institu- tion	Total
—	—	10	—	—	10

TABLE III.—(Continued).

MENTALLY DEFECTIVE CHILDREN.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
1	61	—	5	67

EPILEPTIC CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
1	—	—	4	5

PHYSICALLY DEFECTIVE CHILDREN.**A. TUBERCULOUS CHILDREN.****I. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.**

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	27	3	6	36

II. CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	24	6	10	40

TABLE III.—(Continued).

B. DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	125	—	4	129

C. CRIPPLED CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	42	—	20	62

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	3	—	4	7

TABLE IV.

Return of Defects Found and Treated during the Year.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

(EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP VI.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total
Skin :—			
Ringworm—Scalp	8	—	8
Ringworm—Body	2	—	2
Scabies	14	—	14
Impetigo.. .. .	168	2	170
Other Skin Diseases	105	10	115
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II.) ..	112	3	115
Minor Ear Defects.. .. .	24	2	26
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	210	3	213
Total	643	20	663

GROUP II.—DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as
Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise	Total
Errors of Refraction (including Squint)	334	76	410
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)..	24	2	26
Total	358	78	436

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... 221

(b) Otherwise 54

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... 221

(b) Otherwise 54

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
160	17	177	72	249

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme			Otherwise.			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopaedic Clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopaedic Clinic	
Number of Children treated	—	—	—	—	8	—	8

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentists :

Aged :

Routine Age Groups	5.	677	}	Total	6,568
	6.	667			
	7.	720			
	8.	703			
	9.	834			
Specials	10.	759	}	Grand Total	6,588
	11.	719			
	12.	719			
	13.	703			
	14.	67			
...	20	
Grand Total				...	

(b)	Found to require treatment	...	5,706	
(c)	Actually treated	... ..	2,370	
(2)	Half-days devoted to :—			
	Inspection	... ..	46½	Total 633½
	Treatment	... ..	587	
(3)	Attendances made by children for treatment,		4,525	
(4)	Fillings :—			
	Permanent teeth	... ..	2,331	Total 3,097
	Temporary teeth	... ..	766	
(5)	Extractions :—			
	Permanent teeth	... ..	564	Total 3,249
	Temporary	... ..	2,685	
(6)	Administrations of general anaesthetics for extractions		146	
(7)	Other operations :—			
	Permanent teeth	... ..	315	Total 1,405
	Temporary teeth	... ..	1,090	

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	... ..	6
(ii)	Total number of examinations of children in the Schools by School Nurses		36,979
(iii)	Number of individual children found unclean	... ..	1,006
(iv)	Number of children cleansed	...	522
(v)	Number of cases in which legal proceedings were taken :—		
	(a) Under the Education Act, 1921		Nil.
	(b) Under School Attendance Bye-laws		3

TABLE I.
 Return of Medical Inspections.
 ROUTINE MEDICAL INSPECTIONS.
 SECONDARY SCHOOLS.

					Total	Grand Total.
A.—CODE GROUPS.						
Entrants	...	...	...	...	256	
Pupils attaining 15 years	...	...	...	...	145	
					—	401
B.—OTHER GROUPS						
Special Inspections	...	...	...	...	11	
Re-inspections	...	...	...	...	365	
					—	376
						—
						777
						—
Parents present	...	...	...	...	160	

TABLE II.
RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION.
SECONDARY SCHOOLS.

Defect or Disease.						Routine Inspection		Special Inspection	
						No. of Defects		No. of Defects	
						Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
						—	—	—	—
						—	—	—	—
Skin	{	Ringworm Scalp	..	..	..	—	1	—	—
		Other Diseases (Non-Tuberculous)	..			2	3	—	—
Eye	{	Blepharitis	..	..	..	2	—	—	—
		Defective Vision (excluding Squint)	..			42	28	2	—
		Squint	..	..	..	—	—	—	—
		Other Conditions	..	..	..	—	4	—	—
Ear	{	Defective Hearing	..	..	..	—	2	—	—
		Otitis Media	..	..	..	1	1	—	—
		Other Conditions	..	..	..	—	—	—	—
Nose and Throat	{	Chronic Tonsillitis only	..	..	..	3	30	1	—
		Adenoids only	..	..	..	2	—	—	—
		Chronic Tonsillitis and Adenoids	..			1	7	—	—
		Other Conditions	..	..	..	—	3	—	—
		Enlarged Cervical Glands (Non-Tuberculous)	..			—	2	—	—
Heart and Circulation	{	Heart Disease:				—	—	—	—
		Organic	..	..	..	—	1	—	—
		Functional	..	..	..	—	4	—	—
		Anaemia	..	..	..	1	—	—	—
Lungs	{	Bronchitis	..	..	..	—	—	—	—
		Other Non-Tuberculous Diseases	..			—	—	—	—
		Tuberculosis—Pulmonary Suspected	..			3	—	—	—
		Nervous System	..	..	..	—	1	—	—
Deformities	{	Rickets	..	..	..	—	—	—	—
		Spinal Curvature	..	..	..	1	4	—	—
		Other Forms	..	..	..	—	6	—	—
		Other Defects and Diseases	..	..		10	9	—	—

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT.

(Excluding Uncleanliness and Dental Diseases).

Group	Number of Children.		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
CODE GROUPS :			
Entrants	256	36	14
Attaining 15 years	145	29	20
Total (Code Groups)	401	65	16
Other Routine Inspections	—	—	—

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total
Skin Diseases	—	3	3
Minor Eye Defects—			
External and other, but excluding cases falling in Group II.	—	4	4
Minor Ear Defects	—	1	1
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, &c.)	—	7	7
Total	—	15	15

GROUP II.—DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects Treated as
Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise	Total
Errors of Refraction (including Squint) ..	45	42	87
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	1	—	1
Total	46	42	88

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme ... 30
- (b) Otherwise 35

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme 30
- (b) Otherwise 35

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment	Total Number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
3	1	4	—	4

GROUP IV.—DENTAL DEFECTS.

(1) Number of Pupils who were :—

(a) Inspected by the Dentists :

Aged :

11.	7	} Total 38
12.	11	
13.	3	
14.	3	
15.	11	
16.	2	
17	1	

(b) Found to require treatment ... 38

(c) Actually treated ... 39

(2) Attendances made by pupils for treatment ... 100

(3) Fillings :—

Permanent teeth ... 84
Total 84

Temporary teeth ... —

(4) Extractions :—

Permanent teeth ... 58
Total 66

Temporary teeth ... 8

(5) Other Operations :—

Permanent Teeth ... 10
Total 10

Temporary Teeth ... —

(6) Administrations of general anaesthetics
for extractions ... 2

